only one becomes a drug; (2) It takes 8—14 years for a compound to reach the market and generate income, and the return on investment is limited to the period of.patcnt term, which in India is only 7 years (7 years from the date of filling and 5 years from the time of grant, whichever is earlier); (3) estimated international cost for development of a drug from the conception of a research programme to compound launch is $ 350 million.

(c) The requisite information is being collected and will be laid on the Table of the House.

Financial Assistanccy Loans for Hospital . Projects

3441. SHRI RAHASBIHARI BARIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to slate:

(a) whether the Central Government provides financial assistancc^oan for hospital projects;

(b) if so, the details thereof during each of the last three years. State-wise;, and

(c) the terms and conditions on which such loans^assistance has been provided?

THE MINISTERspF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHfti DALIT EZHILMALAI): (a) Yes, Sir. The Unoin Governrnent provide fmancial assistance to Voluntary Organisations running hospitals in rural areas or catering to high density urban slums under the Scheme for "Improvement of Medical Services" and for setting up of new hospitals in rural areias under "Special Health Scheme for Rural Areas".

(b) A statement is enclosed. *{See* below)

(c) The financial assistance is provided on the following terms and conditions:—

(a) It must be registered under the Societies Registration Act of 1860 or any other statute.

(b) It should not be run for profit to any individual or group of individuals.

(3) It should be non-proprietary management.

(4) It must offer services to the general public without any distinction or religion, caste, creed or colour.

(5) It should have personnel, resources, experiences and managerial ability to carry out the purpose for which the grant of financial assistance has been asked for.

(6) Its work and financial position should be reported as satisfactory and payment of grant-in-aid should be recommended by the state Government.

(7) It should agree to reserve a minimum of one fifth of the beds as free beds as per the definition of free bed-free medical care given as a part of the application form.

(8) It should normally be engaged in the treatment of tuberculosis, leprosy, cancer, eye and other diseases.

(9) It must be of sound financial sta.uJing and agree to meet its share of no; f-recurring expenditure, wherever applicable.

(10) It should have furnished to the Government of India utilisation docucmnts in respect of the earlier grants after they have become due.

Statement

List of VoluttMry Organisations who have received finanical assistance during the year 1995-96 under Grant-in-aid Scheme

Scheme for improvement of Medical Services Maharashtra

(1)	Bhartiya Vaidyak Samanvaya Samiti (Shri Ayorvsd Mahavidyalaya), Nagpur Maharashtra.	Rs. 2,57,55
(2)	Ayurvcd Shikshan Mandal, Punc, Maharashtra	Rs. 4,00,00/-
(3)	Swnsthiyog Pratishthan Fracture and Orthopadic Hospital, Miraj, Maharashtra.	Rs.l.50.000-
(4)	Parvara Medical Trust's Parvara Rural Hospital, Shrirampur, Ahmcdnagar, Maharashtra.	Rs. 4,00,000'-
(5)	Kakasahab Mhaskc Memorial Medical Foundation, Ahmcdnagar, Maharashtra.	Rs. 3,50,00/-
	Gujarat	
1.	Shrce Sarvodaya Arogya Mandal, Gandhi Nagar, Gujarat.	Rs. l,50,000/-
2.	J.S. Ayurveda Mahavidyalaya College Road, Nadiad, Gujarat.	Rs. 1,00,000/-
	Kerala	
8.	St. Mary's Social Welfare Centre, Kattakada, Kerala.	Rs. 56,250/-

Special Health Scheme for Rural Areas

List of Voluntary Organisations who have received Financial Assistance during the year 1996-97 under Grant-in-aid Schemes

Schemes for Improvement of Medical Services Maharashtra

6.	Lokmanya Medical Foundation, Chindwada, Punc	Rs. 1,00,000.00
7.	Rashtriya Vidhyan Manch, Jalgaon	Rs. 1,00,000.00
8.	Ayurvidya Prasarak Mandal, Sion	Rs. 2,00,000.00
9.	Ayurvcd Pradarak Mandal's S.C. Mutha Ayurvcd Vaidyak Mahavidyalya and Dr. M.N. Agashc Charitable Ho.spital, Satara	Rs. 3,53,850.00
10.	Dr. Mahaskcr's Medical Foundation, Amalmcr, Di.stt. Jalgaon, Maharashtra (equipments)	Rs. 2,00,000.00
11.	Late Shriram Ahirrao Memorial Trust, Batcwad, Distt. Dhule, Maharashtra (Ambul, Van)	Rs. 1,50,000.00
12.	Saswad Rural Health Foundation, Pune, Maharashtra (Ambul. Van)	Rs. 1,00,000.00
13.	Priyadarshini Rural & Adiwasi up-Iiftment Foundation, Distt. Akola, Maharashtra	Rs. 3,03,680.00
14.	Bino Relief Association, algaon (Jalgaon), Maharashtra, (Construction)	Rs. 2,00,000.00
15.	Sistru Medical Centre & Research Society's Hardilcar Hospital, Pune, Maharashtra (Equipments)	Rs. 3,70,420.00
16.	Airbank James Friendship Memorial Hospital, Poradala, Distt. Ahmednagar, Maharashtra	Rs. 4,00,000.00
17.	St. Manya Medical Foundation, Bindwada, Pune, Maharashtra, (Equipments)	Rs. 2,00,000.00
	Uttar Pradesh	

13.	Ramakrislwa Mission Scvashram, Lucknow, Uttar Pradesh	Rs. 4,00,000.00
	Delhi	
14.	Dhamshila Cancer Foundation & Research Centre, Delhi	Rs. 4,00,000.00

Special Health Scheme for Rural Areas

List of Voluntary Organisations who have received Finanical Assistance during the year 1997-98 under Grant-in-aid Scheme

Scheme for improvement of Medical Services

	Maharashtra	
1.	D.M.M. Ayurved Mahavidyalya & Laxmanrao Kalas-purkar Ayurved Hospital, Yavatmal, Mahara&Iitra.	Rs. 1,50,000/-
2.	Shrce Vivekananda Nursing Home, Shri Shivaji Nagar, Post-Rahuri Factory, Distt. Ahmedrwgar Maharashtra.	Rs. 4,00,000/-
	West Bengal	
3.	Behala Balananda Brahmchari Hospital & Research Centre, Calcutta, West Bengal	Rs. 3,23,600/-
4.	Sarath Kshay Nivaran Samiti, Akshaygadh Keshod, Distt. Junagarh, Gujarat	Rs. 1,00,000/-
	Uttar Pradesh	
1.	District Eye Relief Society, Rampur, Uttar Pradesh.	Rs. 4,00,000/-
	Rajasthan	
2.	Shri B.L. Dugar Ayurved Vishwj) Bharti, Gandhi Vidya Mandir, Sardar Shahr, Churu, Rajasthan.	Rs. 1,00,000/-

Special Health Scheme for Rural Areas

1.	Deendayal Research Institute, Distt. Gonda, Uttar Pradesh.	Rs. 3,00,000/-

Toxic Substance in Medicine

3442. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

5. whether Government's attention has been drawn to the news-item published in the Express News Line dated 28th June 1998 (Indian Express Supplement) under the caption "Toxic substance found in medicine", relating to death of 15 children; and

6. if so, the details of the enquiry conducted in the case and the actic»i taken rhereon?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH *AKD* FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) As per information available with Govt., AIIMS had sent two unlabelled specimens of medicines collected from the relatives of the children who reportedly died due to Acute Renal Failure. These were sent to Shri Ram Institute for Industrial Research, Delhi to detect presence of Diethylencgly-col (DEG) as adulterant in them.

The Institution after testing unlabelled specimens by GC technique (Gas Chromatograph) reported that one of the specimens snowed positive test for presence of Diethyleneglycol.

In order to find out whether the unlabelled specimens of medicines collected by AIIMS, could have resulted in the death of the children, Slate Drugs Controller Haryana at Chandigarh advised his Sr. Drugs Inspector at